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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

Q 64347

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                    |  |                 |                               |                 |                  |                  | SMALL ENTITY TYPE            |                        |      | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--------------------|--|-----------------|-------------------------------|-----------------|------------------|------------------|------------------------------|------------------------|------|-------------------------------|------------------------|
| TOTAL CLAIMS                                   |                    |  | 14              |                               |                 |                  |                  | RATE                         | FEE                    |      | RATE                          | FEE                    |
| FOR  |                    |  | NUMBER FILED    |                               | NUMBER EXTRA    |                  |                  | BASIC FEE                    | 355.00                 | OR   | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                        |                    |  | 14 minus 20=    |                               | . 0             |                  |                  | X\$ 9=                       |                        | OR   | X\$18=                        |                        |
| INDEPENDENT CLAIMS                             |                    |  | 2 minus 3 =     |                               | . 0             |                  |                  | X40=                         |                        | OR   | X80=                          |                        |
| MU   | LTIPLE DEPEN       | IDENT CLAIM P                              | RESENT          |                               |                 |                  |                  | +135=                        |                        | OR   | +270=                         |                        |
| * If   | the difference     | in column 1 is                             | less than ze    | ro, ente                      | "0" in column 2 |                  | į                | TOTAL                        |                        | OR   | TOTAL                         | 710                    |
| CLAIMS AS AMENDED - PART II                    |                    |  |                 |                               |                 |                  |                  |                              |                        |      | OTHER                         | THAN                   |
|  |                    | (Column 1)                                 |                 | (Column 2) (Column 3)         |                 |                  | )                | SMALL                        | ENTITY                 | OR . | SMALL                         | ENTITY                 |
| AMENDMENT A                                    |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY    | PRESENT<br>EXTRA |                  | RATE                         | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *  | Minus           | **                            |                 | =                |                  | X\$ 9=                       |                        | OR   | X\$18=                        |                        |
|  | Independent        | *<br>NTATION OF MU                         | Minus           | ***                           | CLAIM           | <u> -</u>        | $\{\ [$          | X40=                         |                        | OR   | X80=                          |                        |
|  | TITIOT TITLOL      | TATION OF WIC                              | DETIT EE DEF    | LINDLINI                      | CLANVI          |                  |                  | +135=                        |                        | OR   | +270=                         |                        |
|  |                    |  |                 |                               |                 |                  | <u>L</u>         | TOTAL<br>DDIT. FEE           |                        | OR   | TOTAL<br>ADDIT. FEE           |                        |
|  | - 44               | (Column 1)                                 |                 | (Colur                        | nn 2)           | (Column 3)       |                  |                              |                        |      |                               |                        |
| AMENDMENT 3                                    |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY    | PRESENT<br>EXTRA |                  | RATE                         | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total              | *  | Minus           | **                            |                 | =                |                  | X\$ 9=                       |                        | OR   | X\$18=                        |                        |
|  | Independent        | *  | Minus           | ***                           |                 | =                |                  | X40=                         |                        | OR   | X80=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                    |  |                 |                               |                 |                  |                  | +135=                        |                        | OR   | +270=                         |                        |
|  |                    |  |                 |                               |                 |                  | L                | TOTAL                        |                        | OD   | TOTAL<br>ADDIT. FEE           |                        |
|  |                    | DDIT. FEE 🌡                                |                 |                               | AUUII. FEEL     |                  |                  |                              |                        |      |                               |                        |
| AMENDMENT C                                    |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY    | PRESENT<br>EXTRA |                  | RATE                         | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total              | •  | Minus           | **                            |                 | =                |                  | X\$ 9=                       |                        | OR   | X\$18=                        |                        |
|  | Independent        | NTATION OF M                               | Minus           | PENDEN                        | F CL AIM        | =                |                  | X40=                         |                        | OR   | X80=                          |                        |
|  | INSTERNISE         | INTATION OF MI                             | JETH LE DEF     | LINDEIN                       | CLAIIVI         |                  | ]                | +135=                        |                        | OR   | +270=                         |                        |
|  |                    | mn 1 is less than th<br>mber Previously Pa |                 |                               |                 |                  | <u>.</u><br>. ". | TOTAL                        |                        |      | TOTAL                         |                        |
| •••  | If the "Highest Nu | mber Previously Pa<br>ber Previously Pa    | aid For" IN THI | S SPACE                       | is less tha     | n 3, enter "3."  | ^                | DDIT. FEE (<br>nd in the app | ropriate box           |      | ADDIT. FEE<br>lumn 1.         |                        |